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United States Government Accountability Office
Washington, DC 20548

March 30, 2012

The Honorable Louise M. Slaughter
Ranking Member
Committee on Rules
House of Representatives

Subject: *Military Personnel: Prior GAO Work on DOD's Actions to Prevent and Respond to Sexual Assault in the Military*

Dear Ms. Slaughter:

Sexual assault is a crime that has a far-reaching negative impact on individuals, families, and communities. It also has additional implications for the military services because it undermines their core values, degrades mission readiness and esprit de corps, subverts strategic goodwill, and raises financial costs. Since 2004, following a series of high-profile sexual assault cases, Congress has taken steps to address this crime in the military, including passing legislation that directed the Secretary of Defense to develop a comprehensive policy for the Department of Defense (DOD) on the prevention of, and response to, sexual assaults involving members of the Armed Forces.¹ Among other things, the legislation required DOD to establish a standardized departmentwide definition of sexual assault and procedures for confidentially reporting sexual assault incidents.

DOD established the Sexual Assault Prevention and Response (SAPR) program in 2005 to promote prevention, encourage increased reporting of the crime, and improve response capabilities for victims. DOD has formally defined sexual assault as "intentional sexual contact, characterized by use of force, threats, intimidation, abuse of authority, or when the victim does not or cannot consent. Sexual assault includes rape, forcible sodomy (oral or anal sex), and other unwanted sexual contact that is aggravated, abusive, or wrongful (to include unwanted and inappropriate sexual contact), or attempts to commit these acts."² DOD and the military services rely largely on Commanders and Sexual Assault Response Coordinators to implement SAPR programs at military installations, including the coordinating and reporting of sexual assault incidents. Other responders include victim advocates, military lawyers (known as judge advocates), medical and mental health providers, criminal investigative personnel, law enforcement personnel, and chaplains.

¹Pub. L. No. 108-375, § 577, 118 Stat. 1811, 1926-28 (2004).

²Department of Defense Directive 6495.01, *Sexual Assault Prevention and Response (SAPR) Program* (Oct. 6, 2005). DOD released revisions to its Directive in January 2012.

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In the Office of the Secretary of Defense (OSD), the Under Secretary of Defense for Personnel and Readiness has the responsibility for developing the overall policy and guidance for the department's SAPR program.³ Within the Office of the Under Secretary of Defense for Personnel and Readiness, OSD's Sexual Assault Prevention and Response Office serves as the department's single point of responsibility for sexual assault policy matters and is responsible for, among other things, providing guidance and technical support; developing programs, policies, and training standards for the prevention, reporting, response, and program accountability of sexual assaults involving servicemembers; and preparing the department's annual report to Congress on sexual assault in the military. Additionally, the DOD Office of the Inspector General is charged with overseeing criminal investigations of sexual assault conducted by the DOD components and developing policy for DOD criminal investigative organizations. Finally, in addition to overall DOD policy, each military service provides sexual assault-specific guidance, as well as standard operating and reporting procedures for responding to alleged sexual assault incidents.

While DOD strives to promote a culture free of sexual assault, these assaults still occur. Those assaulted may seek treatment at military treatment facilities (MTFs), where health care providers serve a critical role in addressing the physical and mental trauma experienced by a victim. Since 2008, we have issued four reports to help inform congressional deliberations on issues related to sexual assault in the military.⁴ Additionally, we testified three times before the Subcommittee on National Security and Foreign Affairs, House Committee on Oversight and Government Reform, on our findings. You asked us for information about treatment for victims at MTFs.

In response to your request, we are providing information related to this topic based on our prior work. This includes information on how cases of sexual assault are reported, documented, and investigated; how servicemembers are trained on sexual assault prevention and response; and the availability of health care for sexual assault victims. We briefed your staff on the information contained in this correspondence on December 9, 2011. As discussed with your staff at that time, we agreed to issue this report, which formally transmits the updated briefing slides. (See encl. I.)

To provide this information, we reviewed DOD's policy and guidance on the prevention of and response to sexual assault for information on the medical care

³This responsibility does not include responsibility for legal processes provided under the Uniform Code of Military Justice and Manual for Courts-Martial that are assigned to the judge advocates general of the military services and criminal investigative policy matters that are assigned to the DOD Office of the Inspector General.

⁴See GAO, *Military Personnel: The DOD and Coast Guard Academies Have Taken Steps to Address Incidents of Sexual Harassment and Assault, but Greater Federal Oversight Is Needed*, [GAO-08-296](#) (Washington, D.C.: Jan. 17, 2008); *Military Personnel: DOD's and the Coast Guard's Sexual Assault Prevention and Response Programs Face Implementation and Oversight Challenges*, [GAO-08-924](#) (Washington, D.C.: Aug. 29, 2008); *Military Personnel: Additional Actions Are Needed to Strengthen DOD's and the Coast Guard's Sexual Assault Prevention and Response Programs*, [GAO-10-215](#) (Washington, D.C.: Feb. 3, 2010); and *Military Justice: Oversight and Better Collaboration Needed for Sexual Assault Investigations and Adjudications*, [GAO-11-579](#) (Washington, D.C.: June 22, 2011).

provided to victims⁵ as well as DOD's annual report on sexual assault in the military for fiscal year 2010 (the most recent year available at the time we did our work).⁶ We also reviewed our prior work on DOD's actions to address sexual assault in the military, which focused on DOD's SAPR programs, as well as the resources it has dedicated to the investigation and adjudication of sexual assault allegations. To conduct our prior work, we interviewed senior officials in OSD and the DOD Office of the Inspector General. Also, for each military service, we interviewed Sexual Assault Response Coordinators, judge advocates, medical and mental health personnel, criminal investigative personnel, law enforcement personnel, and chaplains. We visited military installations representing all of the military services in the United States and overseas to assess implementation of the sexual assault programs and met with various military commanders, including company and field grade officers, and senior enlisted servicemembers. In addition, we obtained the perspectives of numerous servicemembers through confidential surveys and one-on-one, structured interviews.⁷ Prior to its publication, we shared a draft copy with and solicited comments on this product from officials in OSD's Sexual Assault Prevention and Response Office. Officials provided us with technical comments, which have been incorporated as appropriate.

We conducted the performance audits that we reference in this product from February 2007 through June 2011 in accordance with generally accepted government auditing standards. We developed this product from October 2011 through March 2012. Generally accepted government auditing standards require that GAO plan and perform audits to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

In summary, our work resulted in 25 recommendations on various aspects of the SAPR program, and DOD concurred or partially concurred with all of our recommendations. DOD has since begun or completed action on each of these recommendations. To date, our analysis shows that DOD has fully implemented 13 recommendations and has partially implemented the remaining 12 recommendations, which we will continue to monitor.

Our previous work has included information about how cases of alleged sexual assault in the military are reported, documented, and investigated.

⁵Department of Defense Directive 6495.01; Department of Defense Instruction 6495.02, *Sexual Assault Prevention and Response Program Procedures* (June 23, 2006), as updated by subsequent changes.

⁶Department of Defense, *Fiscal Year 2010 Department of Defense Annual Report on Sexual Assault in the Military* (March 2011).

⁷Because we did not select survey and interview participants using a statistically representative sampling method, our survey results and the comments provided during our interview sessions were nongeneralizable and therefore cannot be projected across DOD, a service, or any single installation we visited. However, the survey results and comments provided insight into the command climate and implementation of sexual assault prevention and response programs at each location at the time of our visit.

- **Reporting:** The department has established two methods for reporting sexual assaults—unrestricted and restricted. Under the unrestricted reporting option, the chain of command is informed about the alleged sexual assault, and according to DOD, an investigation will be initiated. The restricted reporting option permits a victim to confidentially disclose an alleged sexual assault to select individuals and receive care without initiating an investigation.
- **Documenting:** In February 2010, we reported⁸ that DOD was not using a centralized, case-level database for documenting reported cases of sexual assault as required by a law enacted in 2008.⁹ Accordingly, we made recommendations that DOD adhere to key system development and acquisition management processes and controls in developing its database, and DOD concurred with these recommendations. In a March 2011 status report to Congress, DOD indicated that it expected the database to be operational by August 2012 and noted that it will adhere to key standard information technology practices.¹⁰
- **Investigating:** We also reported that absent DOD-level guidance, the military services have developed and implemented their own guidance on sexual assault investigations and, in some cases, take different approaches to conducting their investigations.¹¹ In June 2011, we recommended that DOD develop and implement a policy that specified procedures for conducting sexual assault investigations and that the services leverage each other's resources for investigating and adjudicating alleged sexual assault incidents. The department concurred with these recommendations and is taking actions to address both of them by drafting a sexual assault investigations policy that would be applicable to the services' military criminal investigative organizations and by taking other steps to coordinate the expertise and resources of the services' criminal investigative organizations.

Our previous work also included information about sexual assault prevention and response training for servicemembers and investigators.

- **Servicemember training:** We found that, although servicemembers received initial and annual refresher training on sexual assault prevention and response, the training was not consistently administered and had not been systematically evaluated for effectiveness by DOD.¹² Further, we reported that OSD found that a greater level of detail was needed in policy to guide the execution of the

⁸[GAO-10-215](#).

⁹The Duncan Hunter National Defense Authorization Act for Fiscal Year 2009, Pub. L. No. 110-417, § 563, 122 Stat. 4356, 4470-71 (2008).

¹⁰In technical comments on a draft of this report, officials in OSD's Sexual Assault Prevention and Response Office noted that they expect the database to be initially operational on March 30, 2012, and fully operational by August 2012.

¹¹[GAO-11-579](#).

¹²[GAO-08-924](#).

department's training requirements.¹³ Accordingly, we recommended that DOD review and evaluate its sexual assault prevention and response training programs for greater effectiveness—a recommendation that DOD has implemented.

- **Investigator training:** We also reported that the DOD Office of the Inspector General has not worked with the military services to assess the content or the effectiveness of the sexual assault training that is being provided to investigators and has not evaluated how many agents are currently meeting a minimum standard of competency.¹⁴ In June 2011, we recommended that DOD develop and implement clear goals and objectives for monitoring and evaluating the services' sexual assault investigations and related training. DOD also concurred with this recommendation and has begun evaluating the military criminal investigative organizations' sexual assault investigation training.

Additionally, our previous work included information on mental health care as well as other health care provided to servicemembers who are sexually assaulted.

- **Mental health care:** We found that program officials, such as Sexual Assault Response Coordinators, generally took steps to ensure that servicemembers who are sexually assaulted are made aware of their options for seeking mental health care and are able to access it, if desired.¹⁵ However, there are barriers that affect access to mental health care, including a DOD-reported shortage of mental health care providers and perceptions of stigma associated with seeking care. In August 2008, we recommended that DOD systematically evaluate and develop an action plan to address any factors that may prevent or discourage servicemembers from accessing mental health services following a sexual assault. DOD concurred with our recommendation and, in response, chartered the Health Affairs Sexual Assault Task Force, which made a number of recommendations intended to improve the availability of health care.

Other health care: DOD's Directive states that it is DOD policy to ensure victims of sexual assault receive timely access to appropriate treatment and services.¹⁶ Victims are entitled to a Sexual Assault Forensic Medical Exam, which may occur at a non-military facility under a memorandum of understanding, as well as treatment for sexually transmitted diseases and pregnancy, and an assessment for follow-up care.

¹³ [GAO-10-215](#).

¹⁴ [GAO-11-579](#).

¹⁵ [GAO-08-924](#).

¹⁶ Department of Defense Directive 6495.01. In technical comments on a draft of this report, officials in OSD's Sexual Assault Prevention and Response Office noted that its recently revised Directive now specifies that sexual assault patients shall be given priority and treated as emergency cases, regardless of whether physical injuries are evident. Officials added that DOD has also adopted the Department of Justice's "National Protocol for Sexual Assault Medical Forensic Examinations" as its standard for care of sexual assault victims.


As we agreed with your office, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies of this report to the Secretary of Defense, appropriate congressional committees, and other interested parties. In addition, the report is available at no charge on GAO's website at <http://www.gao.gov>.

If you or your staff have any additional questions, please contact Brenda S. Farrell at (202) 512-3604 or farrellb@gao.gov or Randall B. Williamson at (202) 512-7114 or williamsonr@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Major contributors to this report were Bonnie Anderson, Assistant Director; David E. Moser, Assistant Director; Jennie F. Apter; Helen Desaulniers; Ashley R. Dixon; Erin Henderson; Natalie Herzog; Wesley A. Johnson; Kim Mayo; Lisa Motley; Mario D. Ramsey; and K. Nicole Willems.

Sincerely yours,



Brenda S. Farrell
Director, Defense Capabilities and Management



Randall B. Williamson
Director, Health Care

Enclosure – 1



GAO's Review of DOD Actions to Prevent and Respond to Sexual Assaults in the Military

Briefing for staff of Representative Slaughter
Ranking Member, Committee on Rules
House of Representatives

Updated



Overview

- Introduction
- Request Letter Questions
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- Scope and Methodology
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Introduction

- Following a series of high-profile sexual assault cases involving servicemembers, in 2004 Congress directed the Secretary of Defense to develop a comprehensive policy for the Department of Defense (DOD) on the prevention of and response to sexual assaults involving servicemembers. Among other things, the legislation required DOD to establish a standardized departmentwide definition of sexual assault and procedures for confidentially reporting sexual assault incidents.



Introduction (cont.)

- DOD defines sexual assault as intentional sexual contact, characterized by use of force, threats, intimidation, abuse of authority, or when the victim does not or cannot consent.
- Sexual assault includes rape, forcible sodomy (oral or anal sex), and other unwanted sexual contact that is aggravated, abusive, or wrongful (to include unwanted and inappropriate sexual contact), or attempts to commit these acts.



Introduction (cont.)

- Sexual assault is a crime that has a far-reaching negative impact on individuals, families, and communities and has additional implications for the military services because it undermines their core values, degrades mission readiness and esprit de corps, subverts strategic goodwill, and raises financial costs.
- According to a Department of Defense Annual Report on Sexual Assault in the Military, in fiscal year 2010, the military services received 3,158 reports of alleged sexual assault involving servicemembers.



Request Letter Questions

You asked us the following:

1. How are cases of acute sexual assault reported, documented, and investigated, when victims are treated at a military treatment facility (MTF)?
2. What training is provided to health care professionals working in MTFs on the treatment of victims of sexual assault?
3. How do MTFs provide acute treatment and care to victims of sexual assault, including forensic medical-legal exams and mental health counseling, as well as preventative treatment for the human immunodeficiency virus (HIV), sexually transmitted diseases, and pregnancy?
4. What types of long-term services, support, and follow-up, including mental health services, do MTFs provide to victims of sexual assault?



Briefing Topics

This briefing includes information on the following topics from our body of work, which correspond with the questions asked in the request letter:

- DOD's approach for reporting, documenting, and investigating alleged sexual assault incidents. (*Question 1**)
- DOD training of servicemembers related to sexual assault. (*Question 2*)
- DOD care and treatment provided to victims of sexual assault, including mental health counseling and medical care. (*Questions 3 and 4*)

*Our previous audit work focused on alleged sexual assault incidents within the military services and was not limited to only those incidents when the victim was treated at a MTF.



Scope and Methodology

- Since 2008, our body of work has helped to inform Congress on issues related to sexual assault in the military.
- The content of this briefing is primarily based on our body of work on DOD's actions related to sexual assault in the military. Additionally, to compile this briefing we used information from the *Fiscal Year 2010 Department of Defense Annual Report on Sexual Assault in the Military* (the most recent year available) and DOD's policies for medical care of alleged victims of sexual assault.



Background

- DOD Directive 6495.01, issued in October 2005, is the department's comprehensive policy for the prevention of, and response to, sexual assault.*
- DOD Instruction 6495.02, issued in June 2006, provides guidance for implementing the department's policy.**
- In addition to DOD's policy, each military service provides sexual assault-specific guidance as well as standard operating and reporting procedures for responding to alleged sexual assault incidents.

*Department of Defense Directive 6495.01, *Sexual Assault Prevention and Response (SAPR) Program* (Oct. 6, 2005). DOD released revisions to its Directive in January 2012.

**Department of Defense Instruction 6495.02, *Sexual Assault Prevention and Response Program Procedures* (June 23, 2006), as updated.



Background (cont.)

- DOD and the military services rely largely on Sexual Assault Response Coordinators (SARCs) to implement Sexual Assault Prevention and Response (SAPR) programs at military installations, including coordinating the response to and reporting of sexual assault incidents.
- Other responders include victim advocates, military lawyers (known as judge advocates), medical and mental health providers, criminal investigative personnel, law enforcement personnel, and chaplains.



Background (cont.)

- DOD Instruction 6495.02 requires the DOD Office of the Inspector General to oversee investigations of sexual assault and develop policy for conducting sexual assault investigations. Specifically, it directed the DOD Inspector General to:
 - Develop policy for DOD criminal investigative organizations—the U.S. Army Criminal Investigation Command, the Naval Criminal Investigative Service, and the Air Force Office of Special Investigations—and oversee their investigations of sexual assaults.
 - Oversee sexual assault training within the DOD investigative and law enforcement communities.
 - Collaborate with the Sexual Assault Prevention and Response Office as necessary on sexual assault matters.



1: DOD's Approach for Reporting, Documenting, and Investigating Cases of Sexual Assault

- Our previous work included information on reporting, documenting, and investigating allegations of sexual assault involving servicemembers.



1: Reporting, Documenting, and Investigating Sexual Assault

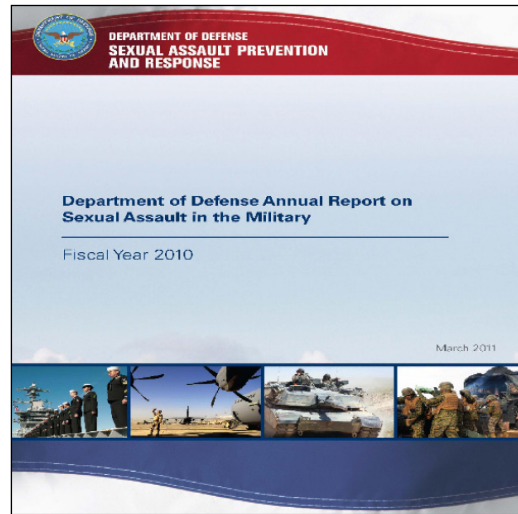
Options for Reporting Sexual Assault Incidents

- Under DOD's policy, active duty servicemembers have two options for reporting an alleged sexual assault:
 - (1) unrestricted, and (2) restricted.
 1. Under the unrestricted reporting option, the chain of command is informed of the alleged sexual assault and may initiate an investigation by the military criminal investigative organization of jurisdiction.
 2. The restricted reporting option permits a victim to confidentially disclose an alleged sexual assault to select individuals and receive care without initiating a criminal investigation. Generally, a restricted report may only be made to SARCs, victim advocates, or medical personnel.

1: Reporting, Documenting, and Investigating Sexual Assault

Data Collection and Reports to Congress

DOD's Sexual Assault Prevention and Response Office serves as the department's single point of responsibility for sexual assault policy matters.* The office oversees the department's collection and maintenance of data on reported sexual assaults involving servicemembers and is responsible for preparing the department's annual report to Congress.



*Except for legal processes provided under the Uniform Code of Military Justice and Manual for Courts-Martial that are assigned to the Judge Advocates General of the military services and criminal investigative policy matters that are assigned to the DOD Office of the Inspector General.



1: Reporting, Documenting, and Investigating Sexual Assault

Centralized Sexual Assault Incident Database

- In October 2008, Congress required DOD to implement a centralized, case-level database for collecting and maintaining information on sexual assaults involving members of the Armed Forces by January 2010.*
 - The law specified that the database include information, if available, about the nature of the assault, the victim, the offender, and the outcome of any legal proceedings associated with the assault.
- In February 2010, we reported that DOD had not met the January 2010 deadline, though it had taken preliminary steps to implement a centralized, case-level sexual assault incident database. Accordingly, we recommended that DOD adhere to key system development and acquisition management processes and controls in developing its database. DOD concurred with our recommendations.

*The Duncan Hunter National Defense Authorization Act for Fiscal Year 2009, Pub. L. No. 110-417, § 563, 122 Stat. 4356, 4470-71 (2008).



1: Reporting, Documenting, and Investigating Sexual Assault

Centralized Sexual Assault Incident Database (cont.)

- DOD noted that it expects the database to be fully operational by August 2012.*
- Specifically, according to a March 2011 status report from DOD's Office of Personnel and Readiness, a contract was awarded in August 2010 for the development, implementation, and maintenance of the database.
- The report also highlighted the department's adherence to key information technology management practices and that its actions were consistent with the recommendations in our February 2010 report.

*Officials in DOD's Sexual Assault Prevention and Response Office noted that they expect the database to be initially operational on March 30, 2012.



1: Reporting, Documenting, and Investigating Sexual Assault

Military Services' Approaches to Investigating Sexual Assaults

- In June 2011, we reported that absent DOD-level guidance, the military services have developed and implemented their own guidance on sexual assault investigations, and in some cases they take different approaches to conducting their investigations. Accordingly, we recommended that DOD develop and implement a policy that specified procedures for conducting sexual assault investigations. In addition, we recommended that the services leverage each other's resources for investigating and adjudicating alleged sexual assault incidents.
- DOD concurred and has drafted a sexual assault investigations policy that would be applicable to the services' military criminal investigative organizations and has taken other steps to coordinate expertise and resources of the services' criminal investigative organizations.
- We also reported that, according to the judge advocates from each of the military services, the administration of justice in sexual assault cases is often complicated by limited availability of forensic evidence and conflicting testimonial accounts by the parties involved.



1: Reporting, Documenting, and Investigating Sexual Assault

Forensic Evidence Maintenance Standards Vary across Military Services

Comparison of Sexual Assault Forensic Maintenance Standards Across Military Services

	Army Criminal Investigation Command	Air Force Office of Special Investigations	Naval Criminal Investigative Service
Forensic evidence maintenance standards	<p>Unrestricted cases: Unsolved rapes and aggravated sexual assault evidence is retained indefinitely.</p> <p>Restricted cases: Evidence stored by installation-level law enforcement for 1 year.</p>	<p>Unrestricted cases: Air Force Office of Special Investigations' guidance does not specify time frames for maintaining evidence in these cases, but officials told us that evidence is disposed of when no longer required, after a judge advocate approves the disposition.</p> <p>Restricted cases: Evidence is stored for at least 1 year, then destroyed if the victim does not convert to an unrestricted report after being notified of the expiration of the storage period.</p>	<p>Unrestricted cases: Unsolved rape case evidence is held for a minimum of 50 years.</p> <p>Restricted cases: Forensic examination kits are stored for 12 months, then destroyed if victim does not convert the restricted report to an unrestricted report.</p>

Source: GAO analysis of the military services' investigative organizations' policies and procedures.



2: DOD's Sexual Assault Prevention and Response Training

- Our previous work included information on training provided to servicemembers related to sexual assault prevention and response.



2: Sexual Assault Prevention and Response Training

SAPR Training and Resulting GAO Recommendations

- In August 2008, we reported that DOD's SAPR training was not consistently administered and that the effectiveness of the training provided to servicemembers on SAPR policies had not been systematically evaluated by DOD. Accordingly, we recommended that DOD review and evaluate SAPR training programs for greater effectiveness. DOD concurred with this recommendation and has implemented it.
- In February 2010, we reported that the Office of the Secretary of Defense's (OSD) training subcommittee found that a greater level of detail was needed in policy to guide the execution of training requirements.



2: Sexual Assault Prevention and Response Training

SAPR Training and Resulting GAO Recommendations (cont.)

- We also reported in February 2010 that OSD chartered the Health Affairs Sexual Assault Task Force to address a recommendation we made in 2008 to evaluate and develop an action plan to address factors that may prevent or discourage servicemembers from seeking mental health services. In March 2009, the task force made a number of recommendations intended to improve the availability of health care, such as chartering the Sexual Assault Health Care Integrated Policy Team to review SAPR training requirements and responsibilities.*

*The Sexual Assault Health Care Integrated Policy Team was established by the Office of the Assistant Secretary of Defense for Health Affairs in October 2009 to facilitate effective and efficient coordination of sexual assault response matters in the DOD medical community.



2: Sexual Assault Prevention and Response Training Evaluation of Investigator Training

- In June 2011, we reported that while each of the military services has developed and implemented sexual assault-specific training for its respective investigators (per DOD policy), the DOD Office of the Inspector General has not worked with the services to assess the content or the effectiveness of the training that is being provided.
- We also reported that the DOD Office of the Inspector General had not assessed the training that is provided by the services on sexual assault investigations, such as evaluating how many investigators are currently meeting a minimum standard of competency. Accordingly, we recommended that DOD develop and implement clear goals and objectives for monitoring and evaluating the services' sexual assault investigations and related training. DOD concurred, and the DOD Office of the Inspector General has begun an evaluation of the military criminal investigative organizations' training on sexual assault investigations.



3: DOD Care and Treatment Provided to Victims of Sexual Assault

- Our previous work on care and treatment provided to victims of sexual assault included information on mental health services.
- In addition to our previous work, this information is also based on a review of DOD health care related policies.
 - Department of Defense Directive 6495.01, *Sexual Assault Prevention and Response (SAPR) Program* (Oct. 6, 2005).
 - Department of Defense Instruction 6495.02, *Sexual Assault Prevention and Response Program Procedures* (June 23, 2006).



3: Care and Treatment

Coordination and Tracking of Victim Services

- SARCs are required to coordinate medical and counseling services between military installations and deployed units for victims of sexual assault. They also are to collaborate with local community crisis counseling centers to augment or enhance DOD's program.
- We found that program officials generally took steps to ensure that servicemembers who were sexually assaulted were made aware of their options for seeking mental health care and were able to access it, if desired.



3: Care and Treatment

Factors that Affect Access to Mental Health Care

- In August 2008, we reported that a DOD-reported shortage of health care providers—specifically mental health care providers—could hinder servicemembers' access to receiving mental health care. DOD established a memorandum of understanding (MOU) to allow uniformed providers of the Public Health Service to work in MTFs.*
- Perceptions of stigma associated with seeking mental health care also may discourage servicemembers from doing so following a sexual assault. DOD officials told us that stigma may prevent servicemembers from seeking health care. They also may believe that doing so could negatively impact their careers, such as by affecting their ability to obtain a security clearance.

*The Public Health Service Commissioned Corps within the United States Department of Health and Human Services is a team of public health professionals that fills essential public health leadership and service roles within the nation's federal government agencies and programs.



3: Care and Treatment

Efforts to Improve the Availability of Health Care

- In August 2008, we recommended that DOD systematically evaluate and develop an action plan to address any factors that may prevent or discourage servicemembers from accessing mental health services following a sexual assault. DOD concurred and has implemented this recommendation.
- In March 2009, OSD chartered the Health Affairs Sexual Assault Task Force which made a number of recommendations intended to improve the availability of health care.



3: Care and Treatment

Efforts to Improve the Availability of Health Care (cont.)

- The Health Affairs Sexual Assault Task Force recommendations included:
 - Chartering the Sexual Assault Health Care Integrated Policy Team to review department-level policies regarding clinical practice guidelines, standards of care, research gaps and opportunities, personnel and staffing, training requirements and responsibilities, continuity of care, and in-theater equipment and supplies.
 - Drafting model MOUs for use by all service military treatment facilities as they establish continuity of care relationships with local community providers.



3: Care and Treatment

Medical Care Policies

- According to DOD's Instruction, SARC notification must not delay the treatment of any medical conditions requiring immediate attention for the health of a servicemember seeking care for an alleged sexual assault at an MTF.
- Once clinically stable, the healthcare provider shall consult with the servicemember regarding further healthcare options including, but not limited to:
 - An optional sexual assault forensic exam.
 - Testing, prophylactic treatment options, and follow-up care for possible exposure to HIV and other sexually transmitted infections or diseases.
 - Assessment of the risk of pregnancy, options for emergency contraception, and any necessary follow-up care and/or referral services.
 - Assessment of the need for behavioral health services and providing a referral, if necessary and/or requested by the victim.



3: Care and Treatment

Sexual Assault Forensic Exams (SAFE)

- Victims are entitled to an optional SAFE exam.
- Installations that do not have a SAFE capability will transport a victim to a military facility or local off-base non-military facility that has a SAFE capability.
- Whenever possible, military installations should have established formal MOUs with military facilities and off-base non-military facilities for the purpose of conducting sexual assault examinations.
- The SARC or victim advocate will ensure that a victim is aware of any local or state sexual assault reporting requirements that may limit the possibility of restricted reporting, prior to proceeding with the SAFE at the local off-base non-military facility.



Recommendations from Previous GAO Reports

- In our work, we made 25 recommendations aimed at improving the implementation and oversight of DOD's SAPR program. DOD concurred or partially concurred with all 25 recommendations.
- Our analysis shows that, to date, DOD has fully implemented 13 recommendations and has partially implemented the remaining 12 recommendations.



Previous GAO Reports

- *Military Justice: Oversight and Better Collaboration Needed for Sexual Assault Investigations and Adjudications.* GAO-11-579. Washington, D.C.: June 22, 2011.
- *Military Personnel: Additional Actions Are Needed to Strengthen DOD's and the Coast Guard's Sexual Assault Prevention and Response Programs.* GAO-10-215. Washington, D.C.: February 3, 2010.
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